

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/764 311
	Filing Date	January 23, 2004
	First Named Inventor	Holger Lubatschowski
	Title	CONTROL DEVICE FOR SURGICAL LASER
	Art Unit	3769
	Examiner Name	Farah
	Attorney Docket Number	3968-106 (19108 0021)

I hereby revoke all previous powers of attorney given in the above identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Applicant/Inventor

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(c) (Form PTO/SB/95) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record

Signature	<i>[Handwritten Signature]</i>	Date	August 31, 2011
Name	Holger Lubatschowski	Telephone	0049 512222330
Title and Company			
CEO, Penixis			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required: see below.

☒ *Total of 1 forms are submitted.

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